PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Medication Reception

As you know, the XXX Study will be describing all medications its participants are using, both prescription and over-the-counter. These include pills, liquid medications, skin patches, eye drops, creams, salves, inhalers, and injections, as well as cold or allergy medications, vitamins, herbal remedies, and other supplements. The letter you received about this appointment included a plastic medications bag for all your current medications and asked you to bring them to the clinic. Have you brought this bag with you? Are these all the medications that you have taken in the past 2 weeks?

[ ] **Yes** → May I see them? *Continue with Section B*

[ ] **No** → *Make arrangements to obtain*

[ ] **Refused** → Record reason for refusal in Comments Section

[ ] **Took No MEDICINES** → Go to end of form

Prescription Medications

1. *Copy the name of the medicine, the strength **(include units)**, and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, and injections.*

Medication Name *Print the first 20 letters only-Please print clearly*	**Strength (mg, IU, etc.**) *Write the decimal as one of the digits*	**Number Prescribed** *Circle: Day, Week, Month*	**PRN Medicine?**	On the average during the last 2 weeks, how many of these pills did you take a day/week/month?

1.		___D W M	Y N	___D W M
2.		___D W M	Y N	___D W M
3.		___D W M	Y N	___D W M
4.		___D W M	Y N	___D W M
5.		___D W M	Y N	___D W M
6.		___D W M	Y N	___D W M
7.		___D W M	Y N	___D W M
8.		___D W M	Y N	___D W M
9.		___D W M	Y N	___D W M
10.		___D W M	Y N	___D W M
11.		___D W M	Y N	___D W M
12.		___D W M	Y N	___D W M
13.		___D W M	Y N	___D W M
14.		___D W M	Y N	___D W M
15.		___D W M	Y N	___D W M

Number unable to transcribe: [ ][ ]

Over-the-Counter Medications

3. *Copy the name of the medicine, the strength **(include units)**, and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, and injections.*

Medication Name *Print the first 20 letters only-Please print clearly*	Strength (mg, IU, etc.) *Write the decimal as one of the digits*	Number Prescribed *Circle: Day, Week, Month*	PRN Medicine?	On the average during the last 2 weeks, how many of these pills did you take a day/week/month?
1.		___D W M	Y N	___D W M
2.		___D W M	Y N	___D W M
3.		___D W M	Y N	___D W M
4.		___D W M	Y N	___D W M
5.		___D W M	Y N	___D W M
6.		___D W M	Y N	___D W M
7.		___D W M	Y N	___D W M
8.		___D W M	Y N	___D W M
9.		___D W M	Y N	___D W M
10.		___D W M	Y N	___D W M
11.		___D W M	Y N	___D W M

12.		___D W M	Y N	___D W M
13.		___D W M	Y N	___D W M
14.		___D W M	Y N	___D W M
15.		___D W M	Y N	___D W M

Number unable to transcribe: [ ][ ]

Comments:

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Interpretation

The U.S. Food and Drug Administration (FDA) maintains a searchable database of

brand-name drugs, generic drugs, and therapeutic biological products that can assist with classification and action of medications.

Protocol source: https://www.phenxtoolkit.org/protocols/view/140301